INSTRUCTIONS FOR COMPLETING IRP/IFTA APPLICATION

IRP Complete Black & Red Areas/IFTA Complete Black Area Only

All first-time applicants are required to complete and sign a *Nebraska Combined IRP/IFTA application*. This application may be used for licensing under both the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA) programs. When completing the application, indicate in the appropriate box(es) which programs(s) you are applying for. If you have been previously enrolled in either program, indicate so in the appropriate area. (Even if you were licensed in another state)

These instructions are meant to assist you in completing the application. They do not provide every detail on the IRP and IFTA programs. Please refer to the IRP Apportioned Registration Manual and the IFTA Procedures Manual for more information.

In order to register in Nebraska as an apportioned carrier, you must have an **Established Place of Business** in Nebraska. (If you do not have an **Established Place of Business**, you must be able to prove you are a **Resident** of Nebraska). Your fleet must accrue miles in Nebraska and you must keep the mileage/operational records of your fleet at your business. (Exceptions can be made regarding mileage records if you have businesses located in other states)

Established Place of Business means a building or office located in Nebraska and the physical address on the application must list this address. The business must be open during regular business hours. You must have one or more permanent employees reporting for work at this address and conducting trucking-related business on behalf of the company.

If you do not have an Established Place of Business, you must be able to establish proof of **Residence** in Nebraska. In order to prove residency, you must be able to provide at least 3 of the following:

- (1) Copy of Nebraska Drivers License
- (2) Copy of Federal Income Tax return showing NE address
- (3) Copy of NE Income Tax return showing NE address
- (4) Copy of real estate or personal property tax statement showing NE address
- (5) Copy of utility bill showing NE address
- (6) Copy of personal vehicle title/registration showing NE address

If you have questions in your ability to satisfy the above listed requirements, contact Motor Carrier Services.

COMPANY INFORMATION Complete this section in full. Provide either Employer Identification Number (EIN) or Social Security Number (SSN). The address section requires your *PHYSICAL* address and is where the carrier has an established place of business. This cannot be a post office box and **MUST BE A NEBRASKA ADDRESS**. If you have a mailing address different than the physical (i.e. post office box) that you want correspondence, billing notices and registration credentials mailed to, indicate the address in the "mailing address" section of the application.

IRP CARRIER SECTION: Complete this section in full if applying for IRP. The contact name is the individual who is available during business hours to answer questions regarding registration applications.

IFTA CARRIER SECTION: Complete this section in full if applying for IFTA.

REPORTING SERVICE/AGENT: The grayed sections of the application need only be completed if you have a reporting service or licensing agent to complete your paper work. Enter the reporting service's EIN or SSN. Fill out the information for both IRP and IFTA or whichever one applies and attach a power of attorney.

JURISDICTION SCHEDULE: Complete this section in full if you are applying for IRP. This information is used in the registration fee calculation.

Jurisdiction Column: Indicate with a check (✓) the jurisdictions in which you are filing for proportional registration.

CGW Column: Enter the declared combined gross weight (CGW) for this fleet. If you have units that will require different weights

than the CGW listed, attach a listing with unit number, state and weight.

Est/Actual Distance Column: Indicate with a check () on the application which method of distance filing you will be using. Options are

described below:

A. If you have previous IRP history, enter the actual miles for the preceding year (July 1- June 30) or portion there of.

B. If you can support your estimated distance for the up coming year with documentation (i.e. lease agreements, contracts) enter your calculated estimated distance. Estimates must be reasonable and fully explained. The department will review the documents and may verify their validity. *The Department reserves the right to deny unreasonable estimates.*

C. If you have no evidence to support estimated distance filing, use the Estimated Distance Chart (see below).

Estimated Distance Chart: This chart was established by dividing the total miles in each jurisdiction, as reported by all Nebraska–based carriers reporting actual miles, by the total number of power units registered with that jurisdiction. The result is the average distance per unit.

REGISTRATION FEES:

IFTA: List the quantity of IFTA decals you will require. One set of decals has two decals; one decal must be placed on the lower exterior portion of the cab's passenger side. The second decal must be placed in the same position on the driver's side.

IRP: You will be billed for the IRP fees. NOTE: PAYMENT ON NEW IRP APPLICATIONS MUST BE A MONEY ORDER, CASHIER CHECK, CERTIFIED CHECK OR CASH.

TRUCK SAFETY REGISTRATION DECLARATION: Read the declaration, sign and date. The declaration *MUST* be signed for the application to be accepted.

VEHICLE LISTING: List all power and trailer units, which you want to register and complete all columns. The instructions for completing this listing are located at the bottom of the form. *For power units only:* include the USDOT number assigned to each unit, EIN or SSN assigned to the USDOT number and answer yes or no to the question "Is the carrier responsible for safety expected to change during the year?"

If you have questions completing this application, contact us at 888-622-1222 or 402-471-4435.

Nebraska Combined IRP/IFTA Application
IRP Complete Black & Red Areas/IFTA Complete Black Area Only

Please print clearly and sign on reverse side

Appling for: IRP (International Registration Plan) IFTA (International Fuel Tax Agreement)				
Have you previously been registered in Nebraska or any other jurisd Check all that apply and provide account numbers: IFTA #_ Were you or any other affiliated company ever revoked? If yes, name of company		Jurisdiction		
PAYMENT ON NEW IRP APPLICAT CASH, MONEY ORDER	IONS MUST BE I	N THE FO		
COMPANY INFORMATION:				
Employer Identification Number: Soci	al Security Number: _			
LEGAL NAME:				
D/B/A (Doing Business As) if different from legal name:				
☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Lim	ited Liability Corporat	tion (LLC)	Other	
Are you leasing to a Motor Carrier? NO YES If YES with	whom?			
PHYSICAL ADDRESS:				
Street	City	County	State	Zip Code
MAILING ADDRESS:	City C	County	State	Zip Code
Phone Number: Fax Number:		Cell Number	r:	
OWNERS, PARTNER OR CORPORATION OFFIC Corporate Position:	ERS (one of the listed	d individuals	must sign as Ap	plicant)
Name:	Social Security Nu	ımber:		
Address:	Phone Number: _			
Corporate Position:				
Name:	-			
Address:	Phone Number: _			
Corporate Position:				
Name:	Social Security Nu	ımber:		
Address:	Phone Number: _			
	Nebraska			
For office use only: Previous History Authority	Department of Motor Vehic			
Residency Record Keeping Information DOT W-9		Div		Carrier Services PO Box 94729 IE 68509-4729

402-471-4435 or toll free 888-622-1222

A USDOT number is required when applying for IRP Registration USDOT IRP Contact Name: Phone: Fax: Cell: CARRIER TYPE: Exempt For Hire Household Goods Private Briefly describe your type of operation:
IRP Contact Name: Phone: Fax: Cell: CARRIER TYPE: For Hire Household Goods Private
Briefly describe your type of operation:
IFTA CARRIER SECTION
IFTA Contact Name: Phone: Fax: Cell:
FUEL TYPE: Diesel Only Other
Name of Bank: Address:
Do you maintain Bulk Fuel? Yes No
If yes, what jurisdictions(s) is it maintained? Gasoline Diesel Other
If you have a reporting service or agent to complete your paper work, complete the section below and attach power of attorney.
REPORTING SERVICE SECTION: IRP
Reporting Service Name:
☐ Employer Identification Number (EIN) ☐ Social Security Number:
PHYSICAL ADDRESS:
Street City State Zip Code
MAILING ADDRESS:
(If different than physical address) Street City State Zip Code Phone Number: Fax Number: Cell Number:
Service to receive bills, plates, refunds, etc?
REPORTING SERVICE SECTION: IFTA
Reporting Service Name:
(If same as IRP write "same") Employer Identification Number (EIN) Social Security Number:
PHYSICAL ADDRESS: Street City State Zip Code
MAILING ADDRESS:
(If different than physical address) Street City State Zip Code Phone Number: Fax Number: Cell Number:
REGISTRATION FEES
IFTA: Fees are \$10.00 for the first qualified vehicle plus \$1.00 for each additional vehicle and <i>MUST ACCOMPANY THE APPLICATION</i> .
MOSI ACCOMI ANI THE ALL ENCATION.
First Qualified Motor Vehicle \$10.00
PLUSAdditional Qualified Motor Vehicles @ \$1.00 each

IRP: We will process your application and provide an itemized statement of the IRP registration fees due.

Indicate with a check (*) the jurisdictions in which you are filing for registration.	JURISDICTION SCHEDULE											
Indicate with a check (*) in the box below the method used to declare distance filing:												
Actual miles operated preceding. July 1-June 30 or portion thereof. Estimated miles supported by documentation. The Department reserves the right to denv unreasonable estimates. Estimated miles supported by documentation. The Department reserves the right to denv unreasonable estimates. Estimated miles supported by documentation. The Department reserves the right to denv unreasonable estimates. Estimated miles. Self-Actual Distance												
Estimated miles supported by documentation, miles that are reasonable and fully explained. (refer to IRP manual for acceptable documentation.) The Department reserves the right to deny unreasonable estimates.	Indicate with a check (✓) in the box below the method used to declare distance filing:											
Department reserves the right to deny surreasonable estimates.	Actual miles operated preceding July 1-June 30 or portion thereof.											
Stimuted Distance Chart (EDC), as I have no evidence to support estimated miles. Jurisdiction CGW Est/Actual Distance AL AL AL AL AL AL AL A	Estimated miles supported by documentation, miles that are reasonable and fully explained. (refer to IRP manual for acceptable documentation.)											
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If some of your units run at a different weight than the CGW listed above, please attach a listing with the unit number, state and weight. Shaded jurisdictions are for reporting miles only, not eligible for apportion registration.

TRUCK SAFETY REGISTRATION DECLARATION

These regulations are applicable to all registrants operating vehicles in commerce:

- 1. with gross vehicle weight ratings (GVWR), gross combination weight rating (GCWR), gross vehicle weights, or gross combination weights over 10,000 pounds; or
- 2. were designed or used to transport more than 8 passenger, including the driver, for compensation; or
- 3. designed or used to transport more than 15 passengers, including the driver, and not used for compensation; or
- 4. used to transport hazardous materials as defined in 49C.R.R. Part 171; or
- 5. registered as farm vehicle for gross weights over 16 ton.

In 1986, the Nebraska Legislature adopted Federal Motor Carrier Safety Regulations as part of state law (§75-363 to 75-364). These safety regulations apply to all interstate motor carriers and *intrastate motor carriers* operating vehicles meeting any of the criteria listed above. Farm vehicles registered for 16 ton or less and operating strictly within the State of Nebraska are exempt from these regulations. The Federal Motor Carrier Safety Regulations are available on line for viewing at Federal Motor Carrier Safety Administration's website 'www.fmcsa.dot.gov'. Questions about these regulations may be addressed to the Nebraska State Patrol, Carrier Enforcement Division, 3920 W Kearney St, Lincoln NE 68524, telephone (402)471-0105.

• IN ORDER TO NOTIFY ALL APPLICABLE REGISTRANTS OF VEHICLES OPERATED IN COMMERCE OF THESE REGULATIONS, STATE LAW REQUIRES THIS DECLARATION BE GIVEN TO EACH APPLICABLE REGISTRANT AND THE REGISTRANT SIGN THE VEHICLE REGISTRATION FORM INDICATING THIS DECLARATION WAS READ.

"I declare that I am aware that the Nebraska Legislature adopted as part of state law, Federal Motor Carrier Safety Regulations 49 C.F.R. Parts 382,385,390,391,392,393,395,396,397, and 398 including those highway related portions of the Federal Hazardous Material Regulations 49 C.F. R. Parts 171,172,173,177,178 and 180 which are applicable to certain motor vehicles."

Furthermore, under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, the information given is true, accurate and complete.

I agree to comply with all applicable reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, International Registration Plan, and Nebraska law. I further agree that Nebraska may withhold any refunds due if I am delinquent on payment of any fuel taxes or registration fees due under Nebraska law or the International Fuel Tax Agreement or the International Registration Plan. I understand that failure to comply with all applicable provisions of Nebraska law, the International Fuel Tax Agreement, and International Registration Plan, shall be grounds for revocation of my license.

Sign		
Here ⇒		
	Signature of Owner, Partner, Corporate Officer or Person Authorized by attached Power of Attorney	Date
		()
	Title	Telephone Number
	For assistance, call (402) 471-4435 or toll free (888) 622-1222.	

Mail this application to: MOTOR CARRIER SERVICES DIVISION, P. O. BOX 94729, LINCOLN, NE 68509-4729

Nebraska Combined IRP/IFTA Application

ame as sho	wn on	Applicat	ion					Federal Identification	Number or Soc	ial Security Numbe	er			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Unit/Equip	Year	Make	Vehicle Identification Number	Bus	Type A	xles/	Fuel	Combined	Gross	Unladen	Purchase	Purchase	Name of Owner	Title Number
Number			(VIN)	HP	S	eats		Gross Weight	Weight	Weight	Price	Date		
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Instructions:

Column 1	Assigned Unit/Equip number	Column 7	Axles or seats if a bus
Column 2	Year of vehicle	Column 8	Fuel Type: D-Diesel,G-Gas,P-Propane
Column 3	Vehicle make	Column 9	Nebraska Combined Gross weight
Column 4	Complete VIN	Column 10	Gross weight
Column 5	Bus horsepower	Column 11	Unladen weight
Column 6	Unit type: TT-Truck-Tractor,	Column 12	Purchase price
	TR-Tractor,TK-Truck (Single),	Column 13	Date of purchase
	ST-Semi-trailer, FT-Full trailer,	Column 14	OWNER name
	BS-Bus	Column 15	Title number if known

- * US DOT number assigned to vehicle
- ** EIN or SSN assigned to DOT number
- *** Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Circle YES or NO